STATEMENT OF

FORM 1	ORGANIZ (See instruct			Office use only
1. NAME OF COMMITTEE (in	(Check if name full) is changed)	Example: If typying, type over the lines	12FE4M5	Cinec de siny
Endo Pharma	ceuticals Inc Political Action Co	ommittee (ENDO PAC)		
	100 Endo Boulevar	d		
ADDRESS (number and	street)			
(Check if address is changed)	Chadds Ford			19317
		CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MA	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	rosenthal.joseph@	endo.com		
COMMITTEE'S WEB	PAGE ADDRESS (URL)			
(Check if address is changed)				
	1			
2. DATE M M 0 4				
3. FEC IDENTIFICA	TION NUMBER	C C00452052	•	
4. IS THIS STATEM	NEW (N) OR	AMENDED (A	.)	
I certify that I have exam	ned this Statement and to the best of my ki	nowledge and belief it is true, corre	ect and complete	
Type or Print Name of	Treasurer Joseph Rosent	hal		
Signature of Treasurer	Electronically Filed by Joseph	Rosenthal	Date 0 4	/ 19 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fa	lse, erroneous, or incomplete information n	nay subject the person signing this		
Office Use Only		For further informa Federal Election Cor Toll Free 800-424-99	mmission 530	FEC FORM 1 (Revised 02/2009)